

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

FILED

JUL - 3 2018

CLERK, U.S. DISTRICT CLERK
WESTERN DISTRICT OF TEXAS
BY DEPUTYIN THE UNITED STATES DISTRICT COURT
FOR THE Western
San Antonio DISTRICT OF TEXAS
DIVISION"Perzia" Bakari Armstrong # 717565

Plaintiff's Name and ID Number

John B. Conally Unit, 899 FM 632, Kenedy, TX 78119

Place of Confinement

SA18CA0677 **XR**

CASE NO.

(Clerk will assign the number)

v.

Patience Cain, 899 FM 632, Kenedy, TX 78119

Defendant's Name and Address

Jolly Herrera, 899 FM 632, Kenedy, TX 78119

Defendant's Name and Address

Correctional Managed Health Care Medical Department, UTMB - 815 Market Ave., Galveston, TX 77550

Defendant's Name and Address

(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY**NOTICE:****Your complaint is subject to dismissal unless it conforms to these instructions and this form.**

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE. ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.**
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

FILING FEE AND *IN FORMA PAUPERIS* (IFP)

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked **"NOTICE TO THE COURT OF CHANGE OF ADDRESS"** and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

- A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? YES / NO
- B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
 1. Approximate date of filing lawsuit: N/A
 2. Parties to previous lawsuit:
Plaintiff(s) N/A
Defendant(s) N/A
 3. Court: (If federal, name the district; if state, name the county.) N/A
 4. Cause number: N/A
 5. Name of judge to whom case was assigned: N/A
 6. Disposition: (Was the case dismissed, appealed, still pending?) N/A
 7. Approximate date of disposition: N/A

II. PLACE OF PRESENT CONFINEMENT: John B. Conally Unit, 899 FM 632, Kenedy, TX 78119

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? / YES NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: "Perzia" Bakari Armstrong, 899 FM 632, Kenedy, TX 78119B. Full name of each defendant, his official position, his place of employment, and his full mailing address.Defendant #1: Patience Cain - Mid-Level Practitioner, John B. Conally unit medical Department contracted thru U.T.M.B. and Correctional Managed Health Care, 899 FM 632, Kenedy, TX 78119

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Delayed and Interferred with medical treatment for a serious medical need, Deliberate indifference
Cruel and Unusual punishmentDefendant #2: Jolly Herrera - Nurse Clinician III, John B. Conally unit Medical Department Contracted thru U.T.M.B. and Correctional Managed Health Care, 899 FM 632, Kenedy, TX 78119

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Interferred with medical treatment for serious medical need by squirting injection on floor
Cruel and Unusual PunishmentDefendant #3: Debra Gloor - Senior Practice Manager, John B. Conally unit Medical Department Contracted thru U.T.M.B. and Correctional Managed Health Care, 899 FM 632, Kenedy, TX 78119

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Conspirated with medical department to interfere with medical treatment and delay treatmentDefendant #4: Dr. Walter J. Meyer - Gender Dysphoria Clinic Specialist, at U.T.M.B. , 815 Market Ave. Galveston, TX 77550

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Deliberate Indifference and cruel and unusual punishment not fulfilling his position to contact a surgeonDefendant #5: Correctional Managed Health Care & University of Texas Medical Branch , 815 Market Ave, Galveston, TX 77550

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Creating a policy that is incomplete and doesn't provide the Surgery to help alleviate the Gender Dysphoria

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

Refer to Attachment # 28 -33

VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Refer to Attachment # 33 - 39

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

Perzia , 2-Sweet

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

717565

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES / NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): N/A

2. Case number: N/A

3. Approximate date sanctions were imposed: N/A

4. Have the sanctions been lifted or otherwise satisfied? YES NO

N/A

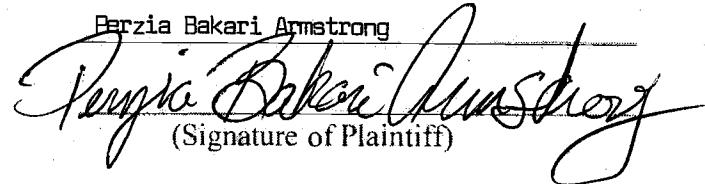
Rev. 05/15

C. Has any court ever warned or notified you that sanctions could be imposed? N/A YES NO

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): N/A
2. Case number: N/A
3. Approximate date warning was issued: N/A

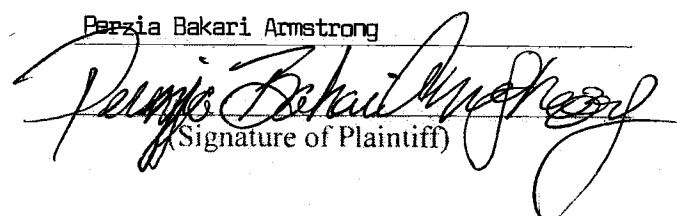
Executed on: June 30, 2018
DATE

Perzia Bakari Armstrong

(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 30 day of June, 20 18.
(Day) (month) (year)

Perzia Bakari Armstrong

(Signature of Plaintiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

Complaint

"Perzia" Bakari Armstrong
Plaintiff,

Civil Action No. _____

Jury Trial Demanded

Vs.

SA18CA0677

XR

University of Texas Medical Branch
& Correctional Managed Health Care
of Texas Department of Criminal Justice
Institutional Division

I. JURISDICTION & VENUE

1. This is a civil action authorized by 42 U.S.C. § 1983 presenting class-based animus violations pursuant to 42 U.S.C. § 1985 (2)(3) and 1986 to redress the deprivation of rights secured by the Constitution of the United States. The court has jurisdiction under 28 U.S.C. § 1331 & 1333 (a)(1)-(4). Plaintiff Perzia seeks declaratory relief pursuant to 28 U.S.C. § 2201 and 2202. Plaintiff Perzia's claims for injunctive relief are authorized by 28 U.S.C. § 2283 & 2284 and Rule 65 of the Federal Rules of Civil Procedure. This court has supplemental jurisdiction over the Plaintiff's state law claims under 28 U.S.C. § 1337.
2. The Western District of Texas is an appropriate venue under 28 U.S.C. § 1331 (b)(1)-(3) because it is where the events giving rise to this claim occur(s).

II. PLAINTIFFS

3. Plaintiff Perzia Bakari Armstrong, is and was at all times mentioned herein a prisoner of the State of Texas in the custody of the Texas Department of Criminal Justice - Institutional Division. She is currently confined at John B. Connelly Unit in Kenedy, TX.

III. DEFENDANTS

4. Patience Cain is a Mid-Level Practitioner at the John B. Connelly Unit and is generally responsible for ensuring provision of medical care to prisoners and specifically for scheduling medical appointments on the unit and outside the unit when a prisoners needs specialized treatment or evaluation. She is sued in her official and individual capacities.
5. Jolly Herrera is a Nurse Clinician III at the John B. Connelly Unit and is generally responsible for assisting the provider on the unit by taking blood pressures, temperatures, weight, and writing out passes and administering shots, and ensuring provision of medical care to prisoners. She is being sued in her official and individual capacities.
6. Debra Gloor is a Senior Practice Manager at the John B. Connelly Unit and is generally responsible for ensuring provisions of medical care and policies and guidelines are being followed thru proper procedures. Investigates medical complaints and reviews charts. She is being sued in her official and individual capacities.
7. Dr. Walter J. Meyer is a Gender Dysphoria Clinic Specialist at U.T.M.B.- University of Texas Medical

Branch and is generally responsible for diagnoses for gender dysphoria patients and administer prescription for depo-estradiol and Spironolactone to patients and perform an initial evaluation that includes discussion of a patient's physical transition goals, health history, physical examination, risk assessment and relevant laboratory tests. ... Communicate as needed with a patient's primary care provider, mental health professional, and surgeon. He is being sued in his official and individual capacities.

8. ~~UTMB-CMHC~~ - University of Texas Medical Branch - Correctional Managed Health Care - is generally responsible for the care of prisoners and how the provision of medical care is administered thru policies and procedures. They are being sued in their individual capacities and official capacities. Under color of State Law.

IV. FACTS

9. On July 5, 2016 Plaintiff Perzia was diagnosed with Gender Dysphoria by Dr. Walter J. Meyer, at UTMB Hospital Galveston. He gave a consent form to sign for Therapy with Female Hormones. Policy from the G-51.11 Treatment of Offenders with Gender Dysphoria.

10. I expressed my need for sexual reassignment surgery stating that it is medically necessary in order to complete my transition. I was told that I need a referral from medical and mental health from my unit after I've completed 12 months of continuous hormone therapy as appropriate to the my gender goals.

11. His notes from that day upon information and belief state my need for sexual reassignment surgery. and my severe case of Gender Dysphoria. Described as more emotional in stressful situations.

12. I was prescribed 2mg of estradiol and 25mg of Spironolactone for gender dysphoria.

13. Every visit from that point on I expressed my need for sexual reassignment surgery to alleviate my gender dysphoria. I was eventually given a increased dosage to 5mg and placed on injections.

14. (Thru Discovery I can get the dates for when I talked to the Endocrinologist Ms. Dozier) I explained to her that I have completed 12 months and I ready for surgery only to be told they don't do that.

15. On December 28, 2017 I received my 3rd injection shot (hormone) and was supposed to receive my fourth on January 11, 2017. I had a scheduled appointment to get the shot but when I got down there to the infirmary was told that they couldn't find it.. I written a pass to return in the morning.

16. On January 12, 2018 I returned to the infirmary and was told by the officer Ms. Brimm that the nurses told her that they don't have my injection shot and that I need to leave.

17. January 17, 2018 I had scheduled appointment to see the provider Patience Cain. I told her that I did not receive my hormone injection shot on January 11, 2018 and that the last shot I received was on December 28, 2017. I explained to her that I was experiencing nausea, headaches, nose bleeds,, pain my breasts, dizziness, as well as vomitting. She treated the headaches with Ibuprofen and the nose bleeds with nasal spray. She then stated that the hormone injection is not on the unit and I wasn't getting it.

18. On January 22, 2018 I had another scheduled appointment to see the provider Patience Cain. For another medical issue I told her when I got there that I still havn't received my shot and was still experiencing pain as well as the other symptoms (described in ¶17) She went out of the room and then came back saying "Oh it just came in today I'll get it for you."

19. Patience Cain violated an Eighth Amendment by delaying a interfering with treatment for a serious medical need. On February 12, 2018 I received a my hormone shot after returning from Hospital Galveston and informing Dr. Walter J Meyer that I hadn't gotten my last 4 to 5 shots since December 28, 2017. My blood was taken on February 7, 2018, to check my blood hormone levels.

20. On March 2, 2018 I wrote an I-60 to the Infirmary to Ms. Cain and asked why I didn't get my shot when I was supposed to get it once every 2 weeks. I received the hormone shot later that evening.

21. On May 21, 2018 I wrote again to infirmary asking for my shot because it had been passed 2 weeks from the last shot I got on May 2, 2018 and the next one was scheduled on May 15, 2018 to which I didn't receive until the 21st of May and only because I complained. I received it later that evening as well.

V. EXHAUSTION OF LEGAL REMEDIES

22. I written grievances requesting sexual reassignment surgery on January 17, 2018. And I written grievances on not receiving my hormone shot on time and being deprived my medical treatment by having it either delayed or interferred with. On dates 1-17-18, 1-22-18, 2-26-18,

23. On January 17, 2018 I talked with Mental Health John Tejada about a referral for sexual reassignment surgery and was told to speak with medical about it. I wrote a grievance stating that it goes against policy because each individual is different. Grievance # 2018077993 Step 1 and 2, Exhibit (A)

17, Jan 08

24. Also on January I wrote a grievance on Patience Cain about not receiving my shot and being told I wouldn't get it. Grievance # 2018074869 Step 1 and 2, Exhibit (B)

25. On January 22, 2018 I wrote a grievance on Jolly Herrera as well as Patience Cain for denial of treatment. Herrera was told by Cain to give me a shot she pricked me and then squirted it on the floor without injecting it in me. The blood work on February 7, 2018 shows that I didn't receive not shot based on the hormone levels. Grievance # 2018078997 Step 1 and 2, Exhibit (C) again. No answer

26. On January 26, 2018 I had been denied my hormone shot again. I wrote a grievance on that as well. It is a consistent pattern going on that they are putting me thru to retaliate against me for writing grievances on them and complaining. Grievance # 2018094517 Step 1 and 2; Exhibit (D)

VI. LEGAL CLAIMS

27. Plaintiff reallege and incorporate by reference paragraphs 1-27.

28. Defendant Patience Cain delayed and interferred with Plaintiff medical treatment for a serious medical need Gender Dysphoria. And conspiraring with the other medical department to keep from getting my treatment when I was supposed to.

29. Defendant Cain continued to prevent me from receiving my injection on more than one occasion and contributed to the deliberate indifference for failure to provide adequate medical treatment and subjected me to mental and emotional anguish as well as physical pain. Defendant Cain's omission of delaying and interferring with medical treatment for a serious medical need constitute a violation of the eighth amendment of cruel and unusual punishment and unwanton of infliction of pain not prescribed by the Eighth amendment. Plaintiff suffered distress. Making the gender dysphoria worse.

30. Defendant Herrera's act of squirting the contents on the floor and not injecting me violate my constitutional right to receive adequate medical treatment. Subjecting me to further unwanton of infliction of pain and cruel and unusual punishment. As well as delaying and interferring with medical treatment for a serious medical need violate the eighth amendment. Plaintiff suffered from mental and emotional anguish as well as physical pain., and distress. Making the Gender Dysphoria worse.

31. Defendant Meyer has made Plaintiff suffer emotional and Mental distress by having Plaintiff think that she would be able to get surgery, after completing the 12 months needed to be eligible for surgery consistent with the G-51.11 with those with a severe case of gender dysphoria case-by-case basis. Constituting Cruel and unusual punishment.

32. Defendants Policy of the Correctional Managed Health Care contribute to violation of cruel and unusual punishment, delay and interferring with medical treatment for a serious medical need, unwanton of infliction of pain, all eighth amendment violations. For which Plaintiff has suffered

Mental and emotional anguish and physical pain and distress by being prevented to receive medical necessary surgery to alleviate my gender Dysphoria.; Their omissions in the policy create these violations for those that require treatment on a individualized basis to treat gender dysphoria.

33. Plaintiff has no plain or complete remedy at law to redress the wrongs described herein. Plaintiff has been and will continue to be irreparably injured by the conduct of defendants unless this court grants the declaratory and injunctive relief which plaintiff seeks.

VII. PRAYER FOR RELIEF

Wherefore, plaintiffs respectfully pray that this court enter judgement:

33. Granting Plaintiff Perzia a declaration that the acts and omissions described herein violate her rights under the Constitution and laws of the United States, and

34. Granting Plaintiff Perzia compensatory damages in the amount of \$10,000 against each defendant, jointly and severally.

35. Plaintiff Perzia seeks punitive damages in the amount of \$20,000. Plaintiff seeks these damages against each defendant, jointly and severally.

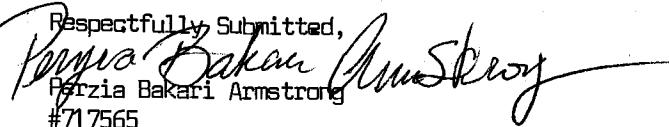
36. Plaintiff seeks jury trial on all issues triable by jury.

37. Plaintiff also seeks recovery of their costs in this suit, and

38. Plaintiff seek an attorney to help construct this lawsuit better due to complex issues. And requests that this grant her a attorney.

39. And any additional relief this court deems just and proper, and equitable.

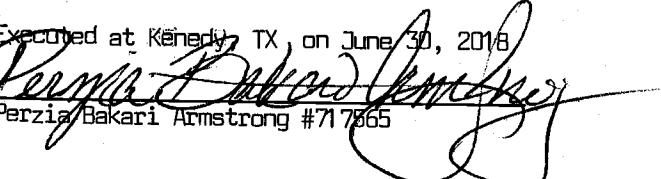
Dated June 30, 2018

Respectfully Submitted,

Perzia Bakari Armstrong
#717565
John B. Conally Unit
8999FM 632
Kenedy, TX 78119

VERIFICATION

I have read the foregoing complaint and hereby verify that the matters alleged therein are true, except as to matters alleged on information and belief, and, as to those, I believe to be true. I certify pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the following is true and correct.

Executed at Kenedy, TX, on June 30, 2018


Perzia Bakari Armstrong #717565



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM

Offender Name: Bakari Armstrong TDCJ # 717565
 Conally
 Unit: 3 B 328 Housing Assignment: 12E-81
 Unit where incident occurred: Conally

OFFICE USE ONLY

Grievance # 2018072993
 Date Received: JAN 26 2018
 Date Due: 03.12.2018
 Grievance Code: 665
 Investigator ID #: 1-733 2586
 Extension Date: 4/26
 Date Retd to Offender: APR 11 2018

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Todd, Mental health (The mans name is Tejada) When? 1-17-18

What was their response? I'm going to send in a refferral for you to go to Jester

What action was taken? None.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate
 On 1-17-18 I spoke with Mental Health Todd and told him that I'm requesting a referral for sexual re-assignment surgery
 His reponse was that your not going to get it.i then explained that it was medically necessary to have to help alleviate
 the Gender Dysphoria. (Not allowing a referral to go to the specialty clinic so that the consultant or Doctor see imminen
 need for the Gender affirming surgery. Cripples the policies that put in place to treat those with serious conditions
 that suffer from Gender Dysphoria and Transsexuality.) Each case is different and not the same especially for those
 that suffer severly from the medical condition. I've been diagnosed by Dr. Meyer as More emotional in high stress situati
 Based on procedures from the G-51.11 of the Correctional Managed Health Care Policy Manual it states: The medical provide
 shall refer the patient to the designated specialty clinic consultant for further clinical evaluation and therapy as
 needed. The purposes is to provide quideleines in the management of offenders with Gender Dysphoria. According to Policy
 it ensures that offenders with complaints, consistent with gender Dysphoria are evaluated by appropriate medical and
 mental health professionals and treatment is determined on a case by case basis as clinically indicated. The references
 that G-51.11 provides are being ignored. The Standards of Care for Transgenders. In the World Professional Association
 for Transgender Health,its goal is to provide clinical guidance for health professionals to assist transexuals and
 transgenders, etc. The Consent form stated physical examinationsto make surenot having a bad reaction from
 the hormones. It also states that potential adverse effects may include but are not limited: Psychiatric symptoms such
 as depression and suicidal feelings , anxiety, psychosis, (disorganization and loss of touch with reality), and worsening
 of pre-existing psychiatric illnesses. [I'm supposed to be on a case log to document all my experiences. And not proper
 going on with the diagnoses and even taken it serious really adds insult to injury from the side effects, I'm going
 thru and informing you of the siuation to where you are well aware of it and you all not doing anything about is delibera
 indifference.

Action Requested to resolve your Complaint:

To get a referral from mental health for re-assignment surgery. And not be ridiculed or retaliated on by the medical staff and mental health staff.

Offender Signature: *Bakari D. Brown* Date: 1-25-17

Grievance Response:

You were seen by mental health staff on 1/10/18, 1/25/18 and 1/26/18 and your mental health needs were addressed. You were advised to speak with medical providers regarding medically related referrals on 1/10/18. You were seen by the gender dysphoria specialist on 2/7/18. No recommendations were made by the specialist for surgery. You have an upcoming tele-med gender dysphoria appointment in August and a Hospital Galveston appointment also in August.

Signature Authority: **DEBRA GLOOR**

Senior Practice Manager *Debra GLOOR, SPM* Date: **4/9/18**
 If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. *
- 3. Originals not submitted. *
- 4. Inappropriate/Excessive attachments. *
- 5. No documented attempt at informal resolution. *
- 6. No requested relief is stated. *
- 7. Malicious use of vulgar, indecent, or physically threatening language. *
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # _____
- 10. Illegible/Incomprehensible. *
- 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY	
Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
2nd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
3rd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____

JUN 05 2018



Texas Department of Criminal Justice
STEP 2 **OFFENDER**
GRIEVANCE FORM

Offender Name: Bakari Perzia Armstrong TDCJ # 717565
 Unit: Conally Housing Assignment: 12-F-84 (12E-29)
 Unit where incident occurred: Conally

OFFICE USE ONLY	
Grievance #:	<u>2018 077993</u>
UGI Recd Date:	<u>4-18-18</u>
HQ Recd Date:	<u>APR 25 2018</u>
Date Due:	<u>6-2</u>
Grievance Code:	<u>6065</u>
Investigator ID#:	<u>10352</u>
Extension Date:	

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). *I am dissatisfied with the response at Step 1 because...*
 I'm dissatisfied with the response from the Practice Manager Debra Gloor, everyone keeps passing the buck instead of handling the situation. I'm requesting sexual reassignment surgery to alleviate my Gender Dysphoria, it is medically necessary. When I go medical they tell me to talk to mental health now I'm being told to talk to the specialist for Gender Dysphoria about the surgery. No one here in the medical department wants to talk about gender Dysphoria issues and I have yet to see anyone experienced in this area; According to the Standards of Care. The policy from the G-51.11 of the Correctional Managed Health Care Policy manual states that a medical provider shall refer the patient to the designated specialty clinic consultant for further clinical evaluation and therapy as needed. The purpose to provide guidelines in management of the Gender Dysphoria. The policy ensures my complaints, consistent with Gender Dysphoria are evaluated by appropriate medical and mental health professionals not a specialist so my Question is this. Whom do I seek to take care of my medical concerns about the Gender Dysphoria Sexual Reassignment Surgery? I'm trying to go about this in the right manner in order to get the help that I'm seeking.

Offender Signature: 

Date: 4-18-18/

Grievance Response:

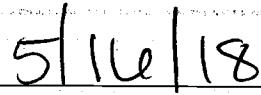
A review of the Step 1 Medical Grievance was completed regarding your complaint concerning mental health (MH) issues. Your grievance claims you sent a Sick Call Request (SCR) to the MH department asking for gender reassignment surgery, but have not been referred. To resolve this, you want a referral for gender reassignment surgery and not to be retaliated against for this request.

Analysis of your electronic healthcare records reveal you have received depo-estradiol injections as ordered. The psychiatric provider ordered Prozac to treat your depression in 03/2018, but it was stopped in 04/2018, due to your reports of negative side effects. There was no documentation by the provider to suggest you required additional referrals or surgery. Most recently you were seen 05/03/2018 by the qualified mental health professional (QMHP) and discussed depression/medication. You were advised to discuss medication concerns with the psychiatric provider at your appointment in 08/2018. TDCJ Mainframe shows a Telehealth GD appointment and Hospital Galveston GID specialty clinic appointment in 08/2018.

The appellate review agrees with the information offered at Step 1. Records indicate you have been afforded access to MH services and treatment in accordance with Correctional Managed Health Care Policy E-39.1 guidelines. You are encouraged to work with the medical providers and staff to ensure the best outcome for your health care needs. Please make every effort to attend all medical appointments and chain outs. Grievance denied.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: _____

Date: 

Returned because: *Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.*
- 3. Originals not submitted.*
- 4. Inappropriate/Excessive attachments.*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY	
Initial Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
2 nd Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
3 rd Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	



Texas Department of Criminal Justice

STEP 1 OFFENDER
GRIEVANCE FORM

Offender Name: Bakari Armstrong TDCJ # 717565
 Unit: Conally Housing Assignment: 3-B-32B 12F-84
 Unit where incident occurred: Conally

OFFICE USE ONLY	
Grievance #:	<u>2018074869</u>
Date Received:	<u>1-22-18</u>
Date Due:	<u>3-8-18</u>
Grievance Code:	<u>624</u>
Investigator ID #:	<u>17477 JSB</u>
Extension Date:	<u>4/22</u>
Date Retd to Offender:	<u>APR 11 2018</u>

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Cain, Patience/Mid-Level Practitioner

When? 1-17-18

What was their response? You can't get it.

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate
 On 1-11-18 I had a layin for the infirmary to get my hormone injection shot. The time was at 18:00-18:30. A nurse

wrote me a pass stating that she couldn't find it in the pharmacy. The pass was for me to return to the infirmary the following morning at 8:00. On 1-12-18 I returned to the infirmary to get my hormone injection and was then told Ms. Brimm that the nurse told her that they don't have it and that I need to leave. On 1-17-18 I went to a layin I had put in for to ask when I am going to get my shot and to complain of the headaches and nosebleeds for which she gave me Ibuprofen and nose spray. But she told me I would not be getting it because its not on the unit. (hormone shot) I have been experience a number of issues that I noticed since I have not had my shot that is very painful and disturbing and has me concerned because this is life threatening me not getting my shot.

Based on the side-effects that are caused from not taking the hormones after you have bee taking them, and then are finally taken off. I've been nauseated and vomitted several times since I havn't had my shot. I requested for it to be ordered and havn't heard nothing.

Action Requested to resolve your Complaint.

To be able to get my hormone injection shots when I am supposed to get it and that they order them before it runs out so that I want have to go without getting them again.

Offender Signature: *Bakari Armstrong*

Date: *1-21-18*

Grievance Response:

On 1/17/18 you were evaluated by a medical provider regarding your complaint. At that time, your medication had not arrived from the centralized pharmacy so that it could be given to you. You received the injection on 1/22/18.

DEBRA GLOOR

Signature Authority: Senior Practice Manager

If you are dissatisfied with the response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. *
- 3. Originals not submitted. *
- 4. Inappropriate/Excessive attachments. *
- 5. No documented attempt at informal resolution. *
- 6. No requested relief is stated. *
- 7. Malicious use of vulgar, indecent, or physically threatening language. *
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # _____
- 10. Illegible/Incomprehensible. *
- 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

MAY 18 2018

645
 Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Bakari Perzia Armstrong TDCJ # 717565
 Unit: Conally Housing Assignment: 42-F-8# 12E-29
 Unit where incident occurred: Conally

OFFICE USE ONLY	
Grievance #:	<u>2018074869</u>
UGI Recd Date:	<u>4-16-18</u>
HQ Recd Date:	<u>APR 20 2018</u>
Date Due:	<u>5-31</u>
Grievance Code:	<u>624</u>
Investigator ID#:	<u>10352</u>
Extension Date:	

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). *I am dissatisfied with the response at Step 1 because...*

Debra Gloor states that I received my injection on 1-22-18, when I did not she was not present during this time and can not account for such statement. The blood work done on 2-7-18 tells a different story that I did not receive my injection. On 1-22-18 Nurse Herrera squirted the contents on the floor I explained this in grievance #2018078977. I have tried to contact Debra Gloor about this and she refuses to respond. I'm dissatisfied with her response because she is falsifying records by making statements that are not true. I had experienced side-effects from not receiving the injection on the time I was supposed to receive it and had to wait 46 days from the date of 12-28-17. Nausea, vomiting, nosebleeds, and headaches. As well as pain in my body. All I'm asking for is to have the injection on the time I am supposed to get it. There is 2-week window in between each injection plenty of time to order from the last time to be available for my next time to receive it. Without having it intentionally delayed or interfered with. So that I don't have to tie a string around my testicles to stop the pain. And have other adverse effects.

Offender Signature:

Balan Pegeia Penfleyo

Date: 4-16-18

Grievance Response:

In your Step 1 medical grievance, you stated you did not receive your home therapy injection as ordered on 01/11/2018. You are requesting to receive your injection as ordered.

Review of the health record reveals documentation to support the response at Step 1. As stated in the Step 1 response, you did receive your injection on 01/22/2018. The problem you describe appears to have been a temporary issue, and has been resolved or corrected at the unit level.

You are advised to submit a Sick Call Request if you feel your condition has changed to warrant further evaluation.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Signature Authority:

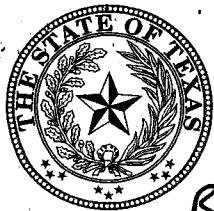
Date: 4/24/18

Returned because: *Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.*
- 3. Originals not submitted.*
- 4. Inappropriate/Excessive attachments.*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.*

CGO Staff Signature:

OFFICE USE ONLY	
Initial Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
2nd Submission	
CGO Initials: _____	
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
3rd Submission	
CGO Initials: _____	
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	



Texas Department of Criminal Justice
STEP 1 **OFFENDER**
GRIEVANCE FORM

12E-35

Offender Name: Bakari Armstrong **TDCJ #** 717565
Unit: Conally **Housing Assignment:** 3-B-32B
Unit where incident occurred: Conally

OFFICE USE ONLY	
Grievance #: <u>2018018927</u>	
Date Received: <u>3-1-29-18</u>	
Date Due: <u>3-15-18</u>	
Grievance Code: <u>624</u>	
Investigator ID #: <u>104701733</u>	
Extension Date:	
Date Retd to Offender: <u>MAR 21 2018</u>	

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Cain, Mid-Level Practitioner/Herrera, Nurse Clinician III When? 1-22-18

What was their response? Either you take it in the butt or you are refusing.

What action was taken? Had me bend over with my pants down and the door open to give me a fake shot.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate
 On 1-22-18 I went to my layin in the infirmary to speak with Cain, Mid-Level Practitioner about my Injection shots (hormones) explaining the symptoms that I was experiencing. The nausea and vomitting, uncontrollable itching, headaches, nosebleeds, dizziness, and pain in my body. The last time I had an Injection shot was on 12-28-17. I'm supposed to get it once every 2 weeks. On the 11th I didn't get it I was told that they couldn't find it, then I was written a pass to come back the following morning. When I returned the following morning the nurses told Ms. Brimm to tell me that they don't have my hormones and that I need to leave and go back to my cell. On 1-22-18 The original layin was for Hiv check-up not hormones but then when I go complaining about the symptoms that I was having they find the shot.

Then Nurse Herrera refuses for me to take my shot in my arm she tells me to bend over pull my pants down and face front so that she can administer the shot. But she didn't give it to me. She acted like she gave it to me. She didn't stearilize the area with a alcohol pad first, then she pricks me and pulls out without injecting the hormone in me she squeezes it on the floor. There was no witness in the office when she did it and she tried to say that I'm refusing by not getting it in my butt. Instead of my arm where I've been getting it. Watching them inject me then push the hormone thru and then when the syringe is pulled out I bleed. Every time because the hormone is thick its going to make you bleed. When Herrera gave me the so-called shot I didn't bleed nor was I sore from the pain. She didn't inject me with nothing just pricked my skin and back out, Real quick, I'm on 5mg of estradiol it takes awhile to insert into the muscle its not a quick process. I'm being denied my medication from the nurse Herrera after Cain told her to give it to me. That is a delay of treatment that causes a adverse reaction. For which I had on 1-25-18 I was in a emotional stressful situation that made me act beyond my control. I need my hormone so that It doesn't become a life threatening which is one of the side effects. On the consent form it says may cause death and its dangerous and damaging. If I 've been taking them and then you stop me from getting them I subjected to adverse effects from the depravation of the medicine Im suppose to be getting to help treat my gender dysphoria.

Action Requested to resolve your Complaint

to be able to get my hormone shot and have it injected into my muscle instead of being a act of doing it when it isn't being done. And also to have it in my arm muscle instead of bending over with my pants down with the door open. I feel more comfortable taking it in my arm which is more dignifying rather than humiliating and degrading for voyerisms viewing.

Offender Signature: *Bakar Divers*

Date: 1-29-18

Grievance Response:

On 1/22/18 the medical provider gave the order for the injection in the gluteal muscle as recommended by the product manufacturer. The nurse followed the provider's order. Per your own admission in your grievance, when received in your arm, you bleed and your arm is sore. You acknowledge that when you received the injection in a larger muscle, the gluteal, you did not bleed nor were you sore. Your injections will be administered per provider order. Anytime that you wish not to receive the injection in the specified location, you may refuse and sign a refusal form.

Signature Authority:

DEBRA GLOOR
Senior Practice Manager

If you are dissatisfied with the Step 1 response, you may file a grievance on Form I-128 to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Date: 3/14/18

Returned because: *Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. *
- 3. Originals not submitted. *
- 4. Inappropriate/Excessive attachments. *
- 5. No documented attempt at informal resolution. *
- 6. No requested relief is stated. *
- 7. Malicious use of vulgar, indecent, or physically threatening language. *
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # _____
- 10. Illegible/Incomprehensible. *
- 11. Inappropriate. *

UGI Printed Name/Signature: _____

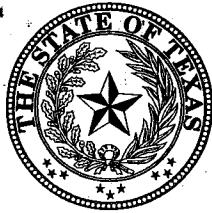
Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY	
Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
2nd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
3rd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____

MAY 18



Texas Department of Criminal Justice
STEP 2 12-E-29 **OFFENDER**
GRIEVANCE FORM

Offender Name: Bakari "Perzia" Armstrong TDCJ # 717565
 Unit: Conally Housing Assignment: (Conally) 12-E-35
 Unit where incident occurred: Conally

OFFICE USE ONLY	
Grievance #:	2018078977
UGI Recd Date:	MAR 26 2018
HQ Recd Date:	APR - 2 2018
Date Due:	5-10
Grievance Code:	624
Investigator ID#:	
Extension Date:	

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

I'm dissatisfied with the response from the Step 1 grievance by The Senior Practice Manager of UTMB Correctional Managed Care - Debra Gloor. For the following reasons stated: Each patients Non-formulary medication has a request form, That is ordered from the Dr. prescribing it. My Dr. is Dr. Walter Meyer whom orders my Estradiol Cypionate (Depo-Estradiol®) 5mg/ml - 5ml. IM every 2 weeks. From 12-28-17 to 1-11-18 is 2 weeks however, I was told that they couldn't find it. And on 1-22-18 Nurse Herrera Squirted the contents of the injection shot on the floor after she pricked me to feel it however she didn't insert it. (Please Refer to my labs done on 2-7-18) I went 46 days before I got my injection.. So if my injections will be administered per provider order why am I not getting them when I'm suppose to? I no longer contest where I get the shot at only that even to this day I'm still having problems getting the shot when I'm suppose to. Other grievances explain this same issue behind this grievance. This is Intentional Delay and intersferring with treatment for a serious medical need. Withholding my injections is unnecessary and wanton infliction of pain.

On 1-22-18 I told MLP Cain my symptoms I was experiencing from not receiving my shot. It is amounting to torture that this medical department subjecting me to. When I don't get the shot I feel light headed and dizzy. The pain in my body keeps me up at night because my body is trying to reverse the hormone process. I've been on hormones since 7-10-16 and I have breast and my testicles have shrunk in the process over time going 46 days without the injection created a adverse effect and made my testicles hurt to the point of me tying a string around them to stop the throbbing pain. In that time period I have vomitted had headaches and nosebleeds. And uncontrollable itching. I've only been giving Ibuprofen for the headaches, and nasal spray for the nosebleeds. Nothing for the dizziness or nausea. The treatment is for the Gender Dysphoria which is a serious medical need that I'm being treated for Denying me my injections is cruel and unusual punishment I have to endure.

I-128 Front (Revised 11-2010) YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM (OVER)

This is not part of the G-51.11 to withhold treatment from me. By doing so causes significant distress that impairs me functioning normally, properly. Please rectify this situation so that I will not keep experiencing unnecessary pain and mental anguish.

Offender Signature:

Date: 3-26-18

Grievance Response:

A review of the Step 1 medical grievance has been completed regarding your complaint to be able to get your hormone shot administered in your arm muscle.

An appellate review of your medical grievance and clinical records show the provider named in the grievance documented on 01/22/2018: the nurse you named was instructed to give an estradiol injection in your gluteal muscle (a group of three muscles which make up the buttocks), as recommended by the product manufacturer. Documentation in the medical record indicates you have been afforded the access to proper medical care. All medications are ordered by the licensed medical provider.

You are encouraged to work with the unit providers to ensure the best possible treatment for your health care needs. If you feel your situation requires further evaluation, you are advised to submit a Sick Call Request to the medical department.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Signature Authority:

Date: 4/18/18

Returned because: *Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.*
- 3. Originals not submitted.*
- 4. Inappropriate/Excessive attachments.*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.*

CGO Staff Signature:

OFFICE USE ONLY**Initial Submission****CGO Initials:** _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) Screened Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission**CGO Initials:** _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) Screened Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission**CGO Initials:** _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) Screened Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORMOffender Name: Bakari -"Perzia" ArmstrongTDCJ # 717565Unit: ConallyHousing Assignment: 12-E-3512F84Unit where incident occurred: Conally

OFFICE USE ONLY

Grievance #: 2018094517Date Received: 2/28/18Date Due: 4/14/18Grievance Code: 616Investigator ID #: 12479 2SB4

Extension Date: _____

Date Rtrd to Offender: APR 18 2018

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Gloria Cruz/ LNWhen? 2-26-18

What was their response? That they ran out. I got wait til they order some more. The estradiol (depo) is floorstock we got to give it to everybody that gets it even though it is prescribed to you.

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

In 2-26-18 I talked with Licensed Vocational Nurse Gloria Cruz about my Hormone injection shot depo-estradiol and was told that they had ran out. And that I got to wait til they order some more. The depo-estradiol is floorstock we got to give it to everybody that gets it even though it is prescribed to you. I told her when she administered the shot on 2-12-18 it was a full bottle the box was brand new I just left from the Gender Dysphoria Clinic at Galveston on 2-7-18. Dr. Mayer ordered the bottle for me because I told him how I didn't get my shot like I was suppose to and that I missed four injections. The last injection shot was on 12-28-17 that I was given. On 1-11-18 I didn't receive my injection shot and was told then that it wasn't there they can't find it. On 1-12-18 when I returned the following morning I was told to leave because they didn't have there to give to me. The next date due was 1-25-18. However on 1-17-18 I was told by Mid-Level Practitioner Patience Cain that I wasn't going to get it cause it wasn't on the unit. On 1-22-18 I went to the provider Cain for other medical issues concerning chronic care and I disregarded them by telling her my current problems of going thru the side-effects from the missing shots that I was supposed to get. Then she says "oh it just came in today" then has Nurse Clinician Jolly Herrera to give me a fake shot, by pricking me with the needle but then taking it out to squeeze on the floor. On 2-12-18 I went to the infirmary and Licensed Vocational Nurse Gloria Cruz administered my injection. Two weeks later on 2-26-18 I'm being told that it is not in there because they ran out using it on some other inmates. And that its floorstock its a community bottle for which they only have one to give all of the inmates that also have that prescribed to them. When in fact when we go to Gender Dysphoria Clinic the doctor ordered a bottle for each offender so how are you running out? This makes no sense if I was diabetic right along with others that are, one bottle is not going to be used on the large amount of inmates that have diabetes and then when they run out be told Sorry you have to wait until we order some more. They have enough to make sure the whole populace of inmates that have diabetes gets there shot. I should be afforded the same treatment standards of care getting my shot for gender dysphoria which is a serious medical condition. (The CMHC Policy G-51.11 "Treatment of Offenders with Gender Dysphoria" States that potential adverse effects may include, but are not limited to: Side-effects from hormones are irreversible and can cause death.) Estrogen deprivation has adverse effects psychological devastation, significant discomfort to reduction in breast tissue bruising, depression, vomiting, lack of estrogen makes it painful, becomes

your body is trying to reverse the process and other side effects. I'm entitled to being given cruel and unusual punishment or something that I'm entitled to get, thru diagnoses. Whomever is ordering one bottle or just limiting it down to 1 or bottles is violating policy when it effects the person whom is supposed to get it and can't because it is ran out or unless someone is lying and they are playing games which will still result in Deliberate Indifference because I've made sure that everybody knows of my situation. There is no excuse.

: In File Dr. Walter J. Meyer
Nurse Board Examiners Dr. Joseph Penn
Trans Pride Initiative
Transgender Law Center

Action Requested to resolve your Complaint

That I be giving my injection shot at the earliest time possible and that this behavior of denial of treatment and interruption be stopped. And that it is rectified of not making my bottle that is prescribed to me floorstock until they build the amount that supplies everyone.

Offender Signature: *Bethany Penya* Date: 2-28-18

Grievance Response:

Your depo injection is non-formulary. It is not floor stock. Your 1/22/18 injection by Nurse Herrera was addressed in Step 1 grievance 2018078977. Review of your compliance screen indicates you received an injection on 1/22/18, 2/13/18, 3/5/18 and 3/20/18. Since this medication is non-formulary, the medical department has to wait until it is sent from the pharmacy. Once it is received on the unit, medical staff can have you sent to medical to receive it. You are not being denied treatment.

Signature Authority: DEBRA GLOOR *Debra Gloor, SPM* Date: 4/16/18
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response.
State the reason for appeal on the Step 2 form. *UTMB Corrections Managed Care*

Returned because: *Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. *
- 3. Originals not submitted. *
- 4. Inappropriate/Excessive attachments. *
- 5. No documented attempt at informal resolution. *
- 6. No requested relief is stated. *
- 7. Malicious use of vulgar, indecent, or physically threatening language. *
- 8. The issue presented is not grievable.
- 9. Redundant. Refer to grievance # _____
- 10. Illegible/Incomprehensible. *
- 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY	
Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
2 nd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
3 rd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____

JUN 19 2018



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Bakari Perzia Armstrong

TDCJ # 717565

Unit: Conally

Housing Assignment: 12-F-84

Unit where incident occurred: Conally

OFFICE USE ONLY

Grievance #: 2018 094517

UGI Recd Date: 4-25-18

HQ Recd Date: APR 30 2018

Date Due: 6-9

Grievance Code: 614

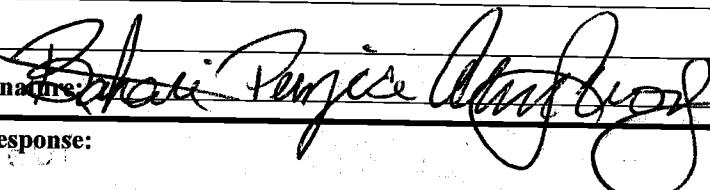
Investigator ID#: I0352

Extension Date:

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

I'm dissatisfied with this response from the Practice Manager because Gloria Cruz was passing out meds and told me that it was floorstock and that was the reason why they didn't have it because they used it on someone else. If the bottle they used on me still had close to full bottle why would I have to wait for it to come from the pharmacy? Gloria Cruz was the one who administered the shot on 2-12-18 it wasn't Debra Gloor but she will look at my compliance screen and give dates that was the shot taken on. They are playing games to help cover eachother tracks I'm supposed to get my shot once every two weeks. Not when they feel like giving it to me. It has withdrawal symptoms I don't like going thru. And that put me a risk for further medical problems that affects my health. There are other grievances. Here it has been the same issue not getting my shot when I'm supposed to. All I want is what I'm suppose to get when I'm suppose to that's it. With no interruptions and delays or excuses.

Offender Signature: 

Date: 4-24-18

Grievance Response:

In your Step 1 medical grievance, you stated you have been denied your hormone injection as ordered. You are requesting to be given your injection at the proper time.

Review of the health record reveals documentation to show you have received you hormone injections in a timely manner as stated in the Step 1 response. After a review of the grievance and clinical records, this office supports the findings in the Step 1 medical grievance response. Documentation in the medical record indicates you have been afforded access to proper medical care in accordance with Correctional Managed Health Care Policy E-37.1.

You may submit a sick Call Request if you feel your condition has changed to warrant further evaluation.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: _____

Date: 5/2/18

Returned because: *Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.*
- 3. Originals not submitted.*
- 4. Inappropriate/Excessive attachments.*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY	
Initial Submission	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
2 nd Submission	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
3 rd Submission	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	